



STATE OF MISSOURI  
MISSOURI DEPARTMENT OF NATURAL RESOURCES  
GEOLOGICAL SURVEY PROGRAM  
**CASING DEPTH REQUEST**

**OFFICE USE ONLY**

DATE RECEIVED	RECEIVED BY
DATE PROCESSED	PROCESSED BY
DATE LETTER SENT	

**WELL OWNER INFORMATION**

OWNER'S NAME			
ADDRESS			
CITY	STATE	ZIP CODE	TELEPHONE

**CONTRACTOR/ENGINEER INFORMATION**

CONTACT PERSON		PERMIT NUMBER	
NAME OF BUSINESS			
ADDRESS			
CITY	STATE	ZIP CODE	TELEPHONE

**WELL INFORMATION**

COUNTY	ELEVATION	LATITUDE	LONGITUDE
WELL LOCATION			
____ ¼ ____ ¼ ____ ¼ Sec. ____ Township ____ North Range ____ <input type="checkbox"/> East <input type="checkbox"/> West			
TOPOGRAPHIC MAP NAME (IF AVAILABLE)			

**USE OF WELL**

<input type="checkbox"/> Grade A Dairy	<input type="checkbox"/> Domestic (1 to 3 homes)	<input type="checkbox"/> Mobile Home Park
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Public Water Supply	<input type="checkbox"/> Irrigation
<input type="checkbox"/> Multiple Family	<input type="checkbox"/> City	<input type="checkbox"/> Other
<input type="checkbox"/> Public Building or Business (Specify)		

Show location in section plat


NUMBER OF SERVICE CONNECTIONS	USED YEAR-ROUND <input type="checkbox"/> Yes <input type="checkbox"/> No
NUMBER OF PEOPLE SERVED YEAR-ROUND	NUMBER SERVED AT LEAST 60 DAYS A YEAR
DESIRED YIELD	DISTANCE FROM MAJOR LAKE (IF WITHIN 1 MILE)

**TO BE COMPLETED BY THE DIVISION – OFFICE USE ONLY**

TOTAL DEPTH	YIELD	FORMATION	SURFACE ELEVATION	LAKE BOTTOM ELEVATION
RECOMMENDED CASING DEPTH		MINIMUM REQUIRED CASING DEPTH	AREA NUMBER	
COMMENTS			LETTER TYPE	